

**DOMESTIC VIOLENCE  
DEFERRED JUDGMENT INFORMATION SHEET**

If you have been charged with a crime involving domestic violence, you may be eligible for consideration for the City of Wichita Deferred Judgment Program if:

**You have not been convicted of such a crime, or a similar crime in this or any jurisdiction within (five) years of the date of the offense.**

**You have not participated in a Diversion or Deferred Judgment Program within (five) years of the date of the offense.**

**You must apply for Deferred Judgment within 30 days from your initial appearance for a crime involving domestic violence, and pay the \$25.00 non-refundable application fee.**

For the purposes of this Deferred Judgment program, a crime involving domestic violence is defined as set forth in Section 1.06.010(e) of the Code of the City of Wichita:

"... crimes involving any harmful contact or the threat thereof between family or household members or unmarried couples, including the destruction of property or the threat thereof as a method of coercion, control, revenge or punishment."

If your application for Deferred Judgment is accepted, you must enter a plea of guilty to the charge(s) against you. The City will then ask the court to defer judgment and sentence on that plea for a period of one year. In return, you must do the following:

1. PAY ALL COSTS, FEES AND FINES:

Fine.....	\$ 250.00
Deferred Judgment Fee.....	\$ 100.00
Court Costs.....	\$ 102.00 <small>(includes application fee) *</small>
<b>TOTAL</b>	<b>\$ 452.00</b>

\*You will be responsible for all additional court costs incurred  
during the course of your case.

2. Agree to waive your constitutional rights to a formal arraignment, speedy trial and a jury trial on the charges against you.
3. Attend and successfully complete the counseling program set out for you by the Deferred Judgment Agreement.
4. Agree to abide by whatever additional conditions the City Attorney feels appropriate.
5. A minimum payment of \$200 of all deferred judgment fees are due at the time of signing the agreement. All remaining fines and court costs are due within ninety days.

Application forms for Deferred Judgment are available in the Municipal Court Clerk's Office – 2nd floor, City Hall, 455 North Main - and must be filed with the same office. You can also download the application from the City of Wichita website at [www.wichita.gov](http://www.wichita.gov).

In considering whether the defendant should be placed in the Deferred Judgment program, the City Attorney shall consider the following factors:

1. The nature of the crime charged and the circumstances surrounding it
2. Any special characteristics or circumstances of the defendant
3. Whether the defendant is a first-time offender and if the defendant has previously participated in any diversion or deferred judgment program in any jurisdiction
4. Whether there is a probability that the defendant will cooperate with and benefit from the deferred judgment program
5. Whether the available deferred judgment program is appropriate to the needs of the defendant
6. Impact of the deferred judgment of the defendant on the community
7. Recommendations, if any, of the involved law enforcement agency
8. Recommendations, if any, of the victim
9. Provisions for restitution
10. Any mitigating circumstances
11. Severity of injuries to victim
12. Prior psychological, psychiatric and chemical treatments or counseling programs
13. Criminal history
14. The interest of justice

If you successfully complete the Deferred Judgment program, after one year, a motion will be made to the Municipal Court to withdraw your plea of guilty to the charges against you. At that time the City Attorney will dismiss the charges with prejudice. If you fail to complete the requirements of Deferred Judgment or violate any of the terms of the Deferred Judgment agreement, the City Attorney will request a hearing at which time he or she will ask the Court to remove you from the program. If after hearing the evidence, the Court does remove you from the program, the Court will then proceed to impose judgment and sentence against you based upon your prior plea of guilty.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE  
APPLICATION FEE AT THE TIME OF FILING.**

CASE NO. \_\_\_\_\_

COURT DATE \_\_\_\_\_

DOCKET NO. \_\_\_\_\_

DATE ASSIGNED \_\_\_\_\_

**APPLICATION FOR DOMESTIC VIOLENCE DEFERRED JUDGMENT PROGRAM  
ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.**

FULL NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

Maiden name or other names used: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOW LONG HAVE YOU LIVED AT THIS ADDRESS: \_\_\_\_\_

WHO DO YOU LIVE WITH NOW: \_\_\_\_\_  
(Name) (Relationship)

CITY AND STATE WHERE YOU WERE BORN: \_\_\_\_\_

In what other cities and states have you lived?

**City**

**State**

**Dates lived there**

<b><u>City</u></b>	<b><u>State</u></b>	<b><u>Dates lived there</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S AGE: \_\_\_\_\_ SPOUSE'S EMPLOYMENT: \_\_\_\_\_

NUMBER OF MINOR DEPENDENTS: \_\_\_\_\_

(NAME)	(AGE)	(NAME)	(AGE)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

**SCHOOL**

**LOCATION**

**GRADE OR DEGREE**

<b><u>SCHOOL</u></b>	<b><u>LOCATION</u></b>	<b><u>GRADE OR DEGREE</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOCATIONAL TRAINING: Yes \_\_\_\_\_ No \_\_\_\_\_ TYPE \_\_\_\_\_

MILITARY SERVICE: Yes \_\_\_\_\_ No \_\_\_\_\_ BRANCH \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

NEAREST CONTACT:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATION TO DEFENDANT: \_\_\_\_\_

DEFENSE ATTORNEY:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRESENT EMPLOYMENT:

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION/TYPE OF WORK: \_\_\_\_\_

SALARY: \_\_\_\_\_

EMPLOYMENT HISTORY:

List your employment for the last six years. Begin with last previous employer. If you need additional space, use blank sheet of paper.

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION/TYPE OF WORK: \_\_\_\_\_

REASON LEFT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION/TYPE OF WORK: \_\_\_\_\_

REASON LEFT: \_\_\_\_\_

PRESENT SOURCES OF INCOME:

1. Defendant's Employment \$ \_\_\_\_\_ per month

2. Spouse's Employment \$ \_\_\_\_\_ per month

3. Unemployment compensation \$ \_\_\_\_\_ per month

4. Public Assistance \$ \_\_\_\_\_ per month

5. Other \$ \_\_\_\_\_ per month

If other, please indicate source: Parents \_\_\_\_\_ Relatives \_\_\_\_\_ Other \_\_\_\_\_

**Prior Traffic Offense Record:** (List **all** juvenile and adult traffic incidents, DUI or DWI Arrests, Diversions, Deferred Prosecutions, Convictions and Expungements in Kansas or other states, including those not resulting in formal charges or convictions. Include date of arrest, citation or incident, arresting or ticketing agency, charge and disposition.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Criminal Offense Record:** (List **all** Juvenile and Adult incidents, Arrests, Citations, Orders to Appear, Prosecutions, Convictions, Expungements or Deferred Prosecution Agreements in Kansas or other states, including those not resulting in formal charges or convictions. Include date of incident involved, agency, charge and disposition.)

---

---

---

Have you ever received or attended counseling or treatment for an alcohol, drug, emotional or psychological problem or disorder?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state when, where, and the reason for attendance.

---

---

---

Are you currently taking any prescription medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list all prescriptions and doses taken.

---

---

---

Are you now, or have you ever participated in any other diversion or deferred judgment program? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please state where, the effective date of the program and the charge(s) diverted.

---

---

---

Do you have any other charges pending in this city or another city, state, or federal jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state where and what charge or charges.

---

---

---

Is there any divorce, separation, child custody or other domestic action presently pending in District Court or any other court involving you, your spouse or partner, or your dependents?

---

---

---

STATE IN YOUR OWN WORDS WHY YOU WERE ARRESTED FOR THIS OFFENSE:

---

---

---

---

---

I hereby apply for status as a participant in the deferred judgment program and request that upon my plea of guilty to the charge or charges listed herein, the Municipal Court Judge temporarily defer judgment and sentencing against me in order to permit consideration of this application. I understand that the final decision to request that the Court defer judgment and sentencing in my case rests entirely with the City Attorney. I further understand that by applying for the City's deferred judgment program that I agree to waive my statutory and constitutional rights to have a speedy trial in this matter.

I authorize the City Attorney's Office to conduct an investigation to determine my suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the Office of the City Attorney in connection with this investigation will be kept confidential.

A false answer to any question in this application shall be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will request that the Municipal Court Judge enter judgment and sentence against me upon my plea of guilty to the original charge(s).

I understand and agree that in the event it is learned I have falsified or omitted any part of the application for Deferred Judgment, including but not limited to, my listing of prior traffic and criminal offenses, it shall be considered a violation of my Deferred Judgment Agreement and I may be taken off the program. I agree that a criminal justice report, including, but not limited to, a Department of Justice report, KBI report, Police Department or Sheriff's Department report, and/or Department of Revenue report, may be admitted as evidence in any court, without foundation, to prove prior traffic or criminal offenses.

I understand that failure to respond to any question will render the application incomplete and the District Attorney's Office will not consider the application.

I declare (or verify, certify, or state) under penalty of perjury under the laws of the State of Kansas, that I have personally read or have had read to me the above application and response thereto and that all information contained in the foregoing application is true and correct.

---

DATE

---

APPLICANT

